

**New Jersey Department of Health and Senior Services
Assisted Living Program**

**APPLICATION FOR APPROVAL OF A CERTIFIED MEDICATION AIDE TRAINING
AND COMPETENCY EVALUATION PROGRAM (MATCEP) IN ASSISTED LIVING RESIDENCES/
ASSISTED LIVING PROGRAMS/COMPREHENSIVE PERSONAL CARE HOMES**

ADDENDUM: LIST OF COURSE ATTENDEES

Instructions: This form must accompany the Application for Approval (NA-4) form. PLEASE TYPE OR PRINT LEGIBLY.

FROM: (Name of Facility/School)	Name of Municipality
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In order to be eligible for certification as a medication aide, candidates shall:

- *Be currently certified in New Jersey as a nurse aide, homemaker/home health aide, or personal care assistant. CHECK THE REGISTRY FOR VERIFICATION.*
- *Have successfully completed a medication aide-training program approved by the New Jersey Department of Health and Senior Services (NJDHSS) before registering for the examination.*
- *Register for and take the examination within three (3) months of successful completion of the training program.*
- *Successfully complete (pass) the Medication Aide Examination.*
- *Be required to retrain if they do NOT pass the examination within six (6) months of completion of the training program.*

In order for your Application to be approved, please complete the following information:

Name of Aide	Last 4 Digits of Social Security Number	Category of Certificate Held (NA, PCA, HHHA) *	Certificate Number	Expiration Date
1.				
2.				
3.				
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20.				

*Note: NA-Nurse Aide PCA-Personal Care Assistant HHHA-Homemaker/Home Health Aide